

Vision Care Services (Includes Ophthalmological Services)

Who is eligible for vision care? [WAC 388-544-0100 (1)]

Clients with one of the following medical program identifiers on their DSHS Medical Identification cards are eligible for vision care:

Medical Program Identifier	Medical Program Description
CNP	Categorically Needy Program
CNP – CHIP	Categorically Needy Program – State Children’s Health Insurance Program
LCP – MNP	Limited Casualty Program – Medically Needy Program
GA-U No Out of State Care	General Assistance-Unemployable – No Out of State Care (except in designated bordering cities)
General Assistance	ADATSA

Limited Coverage:

- HRSA covers vision care under Emergency Medical Only program (may also be referred to as the alien emergency medical (AEM) program) **only** when the services are directly related to an emergency medical condition, and prior authorization is obtained.
- For Qualified Medicare Beneficiary clients, HRSA pays only for Medicare premium co-pays, coinsurance, and deductibles.

No Coverage:

Clients with Family Planning Only and TAKE CHARGE medical program identifiers do **not** have vision care coverage.

HRSA Managed Care Clients [Refer to WAC 388-544-0100 (2)]

Clients with an identifier in the HMO column on their DSHS Medical ID cards are enrolled in one of HRSA's managed care plans and are covered for vision care services as follows:

- **Eye exams, refractions, and/or visual fields** must be requested and provided directly through the client's managed care plan. Clients can contact their plans by calling the telephone number listed on their Medical ID card;
- **Eyeglass frames, lenses, and contact lenses** must be ordered from HRSA's contractor. These items are covered fee-for-service. (See Section E – *Where and How do I Order?*) Use the guidelines found in this billing instruction for clients enrolled in an HRSA managed care plan.

Primary Care Case Management (PCCM) clients will have the PCCM identifier in the HMO column on their Medical ID cards. Please make sure these clients have been referred by their PCCM prior to receiving services. The referral number is required in field **17a** on the HCFA-1500 claim form. (See Section M - *Billing* for further information.)

Note: For further information on HRSA's managed care plans, see HRSA's website: <http://maa.dshs.wa.gov/HealthyOptions>.

Coverage – Examinations and Refractions

When does HRSA cover eye examinations and refraction services?

[Refer to WAC 388-544-0250 (1)]

HRSA covers eye examinations and refraction services for asymptomatic clients as follows:

- For **adults** (clients 21 years of age or older): Once every 24 months;
- For **children** (clients 20 years of age or younger): Once every 12 months;
- For **clients with developmental disabilities** (regardless of age): Once every 12 months.

The provider must document the diagnosis and/or treatment in the client's record to justify the frequency of examinations and other services.

Exams/Refractions Due to Medical Conditions or Medication

[Refer to WAC 388-544-0250 (2)]

HRSA covers medically necessary nursing facility visits (procedure codes 99311 – 99313). There must be communication between the attending physician and the consulting specialist regarding the resident's specific needs. Group vision screenings are not covered (see *Noncovered Services* in Section D).

HRSA covers eye examinations and refraction services as often as medically necessary when:

- The provider is diagnosing or treating the client for a medical condition that has symptoms of vision problems or disease (e.g., glaucoma, conjunctivitis, corneal abrasion/laceration, etc.); or
- The client is on medication that affects vision.

Exams/Refractions Due to Lost or Broken Hardware

[Refer to WAC 388-544-0250 (3)]

HRSA covers eye examinations/refractions outside the time limitations listed on page D.2 when the eye examination/refraction is necessary due to lost or broken eyeglasses/contacts. To receive payment:

- For **adults** (clients 21 years of age or older), providers must follow the expedited prior authorization (EPA) process (see Section I – *Authorization EPA# 610*) and document the following in the client's file:
 - ✓ The eyeglasses or contacts are lost or broken; and
 - ✓ The last examination was at least 18 months ago;
- For **children** (clients 20 years of age or younger), HRSA does **not** require prior authorization;
- For **clients with developmental disabilities** (regardless of age), HRSA does **not** require prior authorization.

Visual Field Exams [Refer to WAC 388-544-0250 (4)]

HRSA covers visual field exams (e.g., CPT codes 92081, 92082, and 92083) for the diagnosis and treatment of abnormal signs, symptoms, or injuries.

Note: HRSA does not pay for visual field exams that are done by simple confrontation. Use Medicare criteria for the billing of visual field services for HRSA clients. Your records must support the medical necessity for the visual field tests.

To receive payment, providers must document all of the following in the client's record:

- The extent of the testing;
- Why the testing was reasonable and necessary for the client; and
- The medical basis for the frequency of testing.

Coverage – Eyeglasses (Frames and/or Lenses) and Repair Services

When does HRSA cover eyeglasses (frames and/or lenses)?

[Refer to WAC 388-544-0300 (1)]

HRSA covers eyeglasses for asymptomatic clients as follows:

- For **adults** (clients 21 years of age or older): Once every 24 months;
- For **children** (clients 20 years of age or younger): Once every 12 months;
- For **clients with developmental disabilities** (regardless of age): Once every 12 months.

Clinical Criteria for Asymptomatic Clients

HRSA covers eyeglasses for asymptomatic clients when the client meets the following clinical criteria:

- The client has a stable visual condition (see Definitions section – *stable visual condition*);
- The client's treatment is stabilized;
- The client's prescription is less than 18 months old; and
- One of the following minimum correction needs **in at least one eye** is documented in the client's file:
 - ✓ Sphere power equal to, or greater than, plus or minus 0.50 diopter;
 - ✓ Astigmatism power equal to, or greater than, plus or minus 0.50 diopter; or
 - ✓ The add power equal to or greater than 1.0 diopter for bifocals or trifocals.

Note: HRSA limits eyeglass payment to specific frames, lenses, and contact lenses as offered by the HRSA contractor. HRSA pays a fitting fee **only** for frames, lenses, and contact lenses provided by or obtained through HRSA's contractor.

Accommodative Esotropia or Strabismus [WAC 388-544-0300 (2)]

HRSA covers eyeglasses and/or lenses for clients who are 20 years of age or younger with a diagnosis of accommodative esotropia or any strabismus correction. In this situation, the client is not subject to the clinical criteria in Section I.

Durable or Flexible Frames [WAC 388-544-0300 (3)]

HRSA covers selected frames called “durable” or “flexible” frames through HRSA's contracted supplier when the client has a diagnosed medical condition that has contributed to two or more broken eyeglass frames in a 12-month period. Providers must follow the expedited prior authorization process (see Section I – *Authorization EPA# 619, EPA# 620*).

Nonallergenic Frames [WAC 388-544-0300 (4)]

HRSA covers the cost of coating contract eyeglass frames to make the frames nonallergenic if the client has a medically diagnosed and documented allergy to the materials in the available eyeglass frames.

Incidental Repairs [WAC 388-544-0300 (5)]

HRSA pays for incidental repairs to a client's eyeglass frames when **all** of the following apply:

- The provider typically charges the general public for the repair or adjustment;
- The contractor's one year warranty period has expired; **and**
- The cost of the repair does not exceed HRSA's cost for replacement frames.

Note: Incidental repairs are billable by ophthalmologists, optometrists, and opticians.

Eyeglass repair parts and materials may be ordered from the state contractor or any manufacturer of optical devices and will be paid up to HRSA's maximum allowable fee for repair.

Replacement Frames and/or Lenses [Refer to WAC 388-544-0300 (6)]

HRSA covers replacement eyeglass frames and/or lenses that have been lost or broken. To receive payment:

- For **adults** (clients 21 years of age or older) providers must follow the expedited prior authorization process (see Section I – *Authorization EPA# 615, EPA# 618*);
- For **children** (clients 20 years of age or younger) HRSA does **not** require prior authorization;
- For **clients with developmental disabilities** (regardless of age) HRSA does **not** require prior authorization.

Back-up Eyeglasses [Refer to WAC 388-544-0300 (7)]

HRSA covers one pair of back-up eyeglasses when contact lenses are medically necessary and the contact lenses are the client's primary visual correction aid (see Contact Lenses, page D.11). HRSA limits back-up eyeglasses as follows:

- For **adults** (clients 21 years or older): Once every 6 years.
- For **children** (clients 20 years or younger): Once every 2 years.
- For **clients with developmental disabilities** (regardless of age): Once every 2 years.

Coverage – Plastic Eyeglass Lenses and Services

When does HRSA cover eyeglass lenses and services?

[Refer to WAC 388-544-0350 (1)]

HRSA covers the following plastic scratch-resistant eyeglass lenses:

- Single vision lenses;
- Round or flat top D-style bifocals;
- Flat top trifocals; and
- Slab-off and prism lenses (including Fresnel lenses).

Note: HRSA's contractor supplies **all** plastic eyeglass lenses with a scratch-resistant coating.

Replacing Bifocal or Trifocal Eyeglass Lenses

[Refer to WAC 388-544-0350 (2)]

HRSA allows bifocal eyeglass lenses to be replaced with trifocal or single vision lenses, or trifocal lenses to be replaced with bifocals or single vision lenses when all of the following apply:

- A client has attempted to adjust to the bifocals or trifocals for at least 60 days;
- The client is unable to make the adjustment; and
- The bifocal or trifocal lenses being replaced are returned to the provider.

High Index Eyeglass Lenses [Refer to WAC 388-544-0350 (3)]

HRSA covers high index lenses for clients who require one of the following in at least one eye:

- A spherical refractive correction of plus or minus 8.0 diopters or greater; or
- A cylinder correction of plus or minus 3.0 diopters or greater.

To receive payment, providers must follow the expedited prior authorization process (see Section I- *Authorization EPA# 625*).

Tinting [Refer to WAC 388-544-0350 (4)]

HRSA covers the tinting of plastic lenses through HRSA's contracted lens supplier when the client's medical need is diagnosed and documented as one or more of the following chronic (expected to last longer than 3 months) eye conditions causing photophobia:

Medical Problems	ICD-9-CM Diagnosis Codes
Blindness	369.00 - 369.9
Chronic corneal keratitis	370.00 - 370.07
Chronic iritis, iridocyclitis (uveitis)	364.10 - 364.11 364.51 - 364.59
Diabetic retinopathy	362.01 - 362.02
Fixed pupil	379.42 - 379.49
Glare from cataracts	366.00 - 366.9
Macular degeneration	362.50 - 362.66
Migraine disorder	346.00 - 346.91
Ocular albinism	270.2
Optic atrophy and/or optic neuritis	377.10 - 377.63
Rare photo-induced epilepsy conditions	345.00 - 345.91
Retinitis pigmentosa	362.74

Photochromatic Eyeglass Lenses [Refer to WAC 388-544-0350 (5)]

HRSA covers both *tinted* lenses and *photochromatic* lenses for appropriate medical conditions.

Tinted lenses are colored lenses that remain the same color indoors and outdoors.

Photochromatic lenses are lenses that darken when they are exposed to sunlight (photochromatic lenses do not darken as well inside automobiles).

HRSA covers photochromatic lenses when the client's medical need is diagnosed and documented as related to either of the following:

Medical Problems	ICD-9-CM Diagnosis Codes
Ocular Albinism	270.2
Retinitis pigmentosa	362.74

Polycarbonate Eyeglass Lenses [Refer to WAC 388-544-0350 (6)]

HRSA covers polycarbonate lenses for clients with developmental disabilities.

HRSA covers polycarbonate lenses for clients without developmental disabilities as follows:

Medical Problems	ICD-9-CM Diagnosis Codes
For clients who are blind in one eye and need protection for the other eye, regardless of whether a vision correction is required	369.60 - 369.69 369.70 - 369.76
For infants and toddlers with motor ataxia	331.89, 781.2 334.0 - 334.9, 781.3
For clients 20 years of age or younger who are diagnosed with strabismus	378.00 - 378.9
For clients 20 years of age or younger who are diagnosed with amblyopia	368.01 - 368.03

Requests for Eyeglass Lenses Only [Refer to WAC 388-544-0350 (7)]

HRSA covers requests for lenses only (lenses without frames) for clients who own their own eyeglass frames not purchased by HRSA when:

- The eyeglass frames are serviceable; and
- The size and style of the required lenses meet HRSA's contract requirements. The lenses must be compatible with HRSA's contracted frames.

Note: Due to time, exposure to elements, and concealed damage, working with a client's frames can be unpredictable. HRSA and HRSA's contractor **do not** accept responsibility for these frames.

Replacements due to Lost or Broken Eyeglass Lenses

[Refer to WAC 388-544-0350 (8)(a)]

HRSA covers replacement eyeglass lenses that have been lost or broken. To receive payment:

- For **adults** (clients 21 years of age or older) providers must follow the expedited prior authorization process (see Section I – *Authorization EPA# 623*);
- For **children** (clients 20 years of age or younger) HRSA does not require prior authorization;
- For **clients with developmental disabilities** (regardless of age) HRSA does not require prior authorization.

Replacements due to Refractive Changes

[WAC 388-544-0350 (8)(b) and (c)]

HRSA covers eyeglass lens replacements due to refractive changes, without regard to time limits, when caused by one of the following:

- **Eye surgery, the effect(s) of prescribed medication, or one or more diseases affecting vision.** For each of these, all of the following must be documented in the client's file:
 - ✓ The client has a stable visual condition (see Definitions section for a definition of *stable visual condition*);
 - ✓ The client's treatment is stabilized;
 - ✓ The lens correction must have a 1.0 or greater diopter change between the sphere or cylinder correction in at least one eye; **and**
 - ✓ The previous and new refraction.

To receive payment, providers must follow the expedited prior authorization process (see Section I – *Authorization EPA# 622*).

- **Headaches, blurred vision, or difficulty with school or work.** For each of these, all of the following must be documented in the client's file:
 - ✓ Copy of the current prescription (the prescription is less than 18 months old);
 - ✓ Date of last dispensing, if known;
 - ✓ Absence of a medical condition that is known to cause temporary visual acuity changes (e.g., diabetes, pregnancy, etc.); **and**
 - ✓ A refractive change of at least .75 diopter or greater between the sphere or cylinder correction in at least one eye.

To receive payment, providers must follow the expedited prior authorization process (see Section I- *Authorization EPA# 624*).

Coverage – Contact Lenses and Services

What types of contact lenses and services does HRSA cover?

[Refer to WAC 388-544-0400 (1) through (3)]

HRSA covers the following types of contact lenses as the client's primary refractive correction method when a client has a spherical correction of plus or minus 6.0 diopters or greater in at least one eye. In order to qualify for the spherical correction, the prescription may be from either the glasses or the contact lenses prescriptions and/or written in either "minus cyl" or "plus cyl" form. (See below for exceptions to the plus or minus 6.0 diopter criteria):

1. **Conventional soft or rigid gas permeable** contact lenses that are prescribed for daily wear;
2. **Disposable** contact lenses that are prescribed for daily wear and have a monthly or quarterly planned replacement schedule, as follows:
 - 12 pairs of monthly replacement contact lenses; or
 - 4 pairs of 3-month replacement contact lenses.

Medical Problems	ICD-9-CM Diagnosis Code
Hypermetropia	367.0
Myopia	367.1

Exception:

For clients diagnosed with **high anisometropia**, HRSA covers the contact lenses above when the client's refractive error difference between the two eyes is plus or minus 3.0 diopters and eyeglasses cannot reasonably correct the refractive errors.

Medical Problems	ICD-9-CM Diagnosis Code
High anisometropia	367.31

A client who qualifies for contact lenses as the primary refractive correction method must choose one style of contact lenses from those listed in #1 or #2 above for each 12-month period of coverage.

Soft Toric Contact Lenses [Refer to WAC 388-544-0400 (4)]

HRSA covers soft toric contact lenses for clients with astigmatism requiring a cylinder correction of plus or minus 1.0 diopter in at least one eye. The client must have a spherical correction of plus or minus 6.0 diopters or greater in at least one eye.

Medical Problems	ICD-9-CM Diagnosis Code
Astigmatism	367.20 - 367.22

Specialty Contact Lens Designs [Refer to WAC 388-544-0400 (5)]

HRSA covers specialty contact lens designs for clients who are diagnosed with one or more of the following:

Medical Problems	ICD-9-CM Diagnosis Code
Aphakia	379.31 743.35
Keratoconus	371.60-371.62 743.41
Corneal softening	371.23

Replacement Contact Lenses – Lost or Damaged

[Refer to WAC 388-544-0400 (6)(a) and (c)]

HRSA covers replacement contact lenses once every 12 months for lost or damaged contact lenses. To receive payment:

- For **adults** (clients 21 years of age or older): Providers must follow the expedited prior authorization process (see Section I – *Authorization EPA# 627*);
- For **children** (clients 20 years of age or younger): HRSA does not require prior authorization;
- For **clients with developmental disabilities** (regardless of age): HRSA does not require prior authorization.

Replacement Contact Lenses – Surgery/Medication/Disease

[Refer to WAC 388-544-0400 (6)(b) and (c)]

HRSA covers replacement contact lenses as often as medically necessary when all of the following apply:

- One of the following cause the vision change:
 - ✓ Eye surgery;
 - ✓ The effect(s) of prescribed medication; or
 - ✓ One or more diseases affecting vision; **and**
- The client has a stable visual condition (see Definitions section – *stable visual condition*); **and**
- The client’s treatment is stabilized; **and**
- The lens correction has a 1.0 or greater diopter change in at least one eye between the sphere or cylinder correction. The previous and new refraction must be documented in the client’s record.

To receive payment for replacement contacts related to surgery, medication, or disease:

- For **adults** (clients 21 years of age or older): Providers must follow the expedited prior authorization process (see Section I – *Authorization EPA# 621*);
- For **children** (clients 20 years of age or younger): HRSA does not require prior authorization;
- For **clients with developmental disabilities** (regardless of age): HRSA does not require prior authorization.

Therapeutic Contact Bandage Lenses [Refer to WAC 388-544-0400 (7)]

HRSA covers therapeutic contact bandage lenses only when needed immediately after either of the following:

Medical Problems	ICD-9-CM Code or CPT Code
Eye injury	ICD-9-CM codes 871.0-871.9
Eye surgery	CPT codes 65091-67599, 68020-68399

Coverage – Ocular Prosthetics/Surgeries

When does HRSA cover ocular prosthetics?

[Refer to WAC 388-544-0500]

HRSA covers medically necessary ocular prosthetics when provided by any of the following enrolled/contracted providers:

- Ophthalmologists;
- Ocularists; or
- Optometrists who specialize in orthotics.

When does HRSA cover cataract surgery?

[Refer to WAC 388-544-0550 (1) and (2)]

HRSA covers cataract surgery when:

- The surgery is included in the scope of care for the client's medical program;
- The surgery is medically necessary; and
- The provider clearly documents the need in the client's record.

HRSA considers cataract surgery to be medically necessary when the client has:

- Correctable visual acuity in the affected eye at 20/50 or worse, as measured on the Snellen test chart; or
- One or more of the following conditions:
 - ✓ Dislocated or subluxated lens;
 - ✓ Intraocular foreign body;
 - ✓ Ocular trauma;
 - ✓ Phacogenic glaucoma;
 - ✓ Phacogenic uveitis;
 - ✓ Phacoanaphylactic endophthalmitis; or
 - ✓ Increased ocular pressure in a blind person experiencing ocular pain.

When does HRSA cover surgery for strabismus?

[WAC 388-544-0550 (3)]

HRSA covers strabismus surgery as follows:

- For clients 17 years of age and younger, when medically necessary. The provider must clearly document the need in the client's record;
- For clients 18 years of age and older, when:
 - ✓ The client has double vision; and
 - ✓ The surgery is not performed for cosmetic reasons.

To receive payment for clients 18 years of age and older, providers must use HRSA's expedited prior authorization process (see Section I – *Authorization EPA# 631*).

When does HRSA cover surgery for blepharoplasty/ blepharoptosis?

[WAC 388-544-0550 (4)]

HRSA covers blepharoplasty or blepharoptosis surgery for noncosmetic reasons when:

- The excess upper eyelid skin impairs the vision by blocking the superior visual field; and
- The vision is blocked to within ten degrees of central fixation using a central visual field test.

Noncovered Services

What services does HRSA not cover?

[Refer to WAC 388-544-0475 and WAC 388-544-0100 (2)]

HRSA does not cover the following:

- Executive style eyeglass lenses;
- Bifocal contact lenses;
- Daily and two week disposable contact lenses;
- Contact lenses prescribed for extended wear*, except when used as therapeutic contact bandage lenses or for aphakic clients;
- Services for cosmetic purposes only;
- Glass lenses, including those that darken when exposed to light;
- Group vision screening for eyeglasses;
- Nonglare or anti-reflective lenses;
- Orthoptics and visual training therapy;
- Progressive lenses;
- Refractive surgery of any type that changes the eye's refractive error. The intent of the refractive surgery procedure is to reduce or eliminate the need for eyeglass or contact lens corrections. (This does not include intraocular lens implantation following cataract surgery);
- Sunglasses and accessories that function as sunglasses (e.g., "clip-ons");
- Upgrades at private expense to avoid HRSA's contract limitation (e.g., frames that are not available through HRSA's contract or noncontract frames or lenses for which the client or other person pays the difference between HRSA's payment and the total cost);

HRSA evaluates a request for any service that is listed as noncovered in this chapter under the provisions of WAC 388-501-0160.

HRSA evaluates requests for covered services that are subject to limitations or other restrictions and approves such services beyond those limitations or restrictions when medically necessary, under the standards for covered services in WAC 388-501-0165.

HRSA evaluates a request for a service in a covered category that has been determined to be experimental or investigational under WAC 388-531-0550, according to the provisions of WAC 388-501-0165.

***Note regarding extended wear contact lenses:** HRSA's opinion is that the prolonged use of overnight wear may increase the risk of corneal swelling and ulceration. Therefore, HRSA approves their use in limited situations where they are used as a therapeutic contact bandage lens or for aphakic clients.